



# WEBSTER PUBLIC SCHOOLS

ADMINISTRATIVE OFFICE - FILMER SCHOOL

## Course Reimbursement Payment Request

Name: \_\_\_\_\_ School: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Cost: \_\_\_\_\_ College/University: \_\_\_\_\_

**I have:**

- Submitted a course reimbursement form that was approved by the Superintendent
- Submitted a W-9 form that is on file with the Business Office
- Submitted the final course grade
- Submitted proof of payment for the course

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_



